

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 2**LOCATION:** 3560 COLUMBIA RIVER RD (RM 581.8)
NESPELEM, WA 99155

WA0026328

PERMIT NUMBER

001-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

05/01/2023

MM/DD/YYYY

05/31/2023

DMR Mailing ZIP CODE:

99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.5 | NTU | | Weekly | Grab |
| 00070 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.5 | NTU | | Weekly | Grab |
| 00070 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.96 | NTU | | Weekly | Grab |
| 00070 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.63 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.89 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11.1 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | -.07 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 06/01/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

None of the DO's were below 8mg/l and all DO's had less than a .2 mg/l decrease over the intake.

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(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

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|----------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|----------------|----------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | -.19 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | -.06 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.04 | % effect | | Weekly | Grab |
| 82235 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -10.71 | % effect | | Weekly | Grab |
| 82235 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | .51 | % effect | | Weekly | Grab |
| 82235 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |

| | | | | | | | |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

None of the DO's were below 8mg/l and all DO's had less than a .2 mg/l decrease over the intake.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

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FACILITY: PACIFIC AQUACULTURE INC - SITE 2

LOCATION: 3560 COLUMBIA RIVER RD (RM 581.8)
NESPELEM, WA 99155

WA0026328

PERMIT NUMBER

REC-A

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MM/DD/YYYY

05/01/2023

MM/DD/YYYY

05/31/2023

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE - UPSTREAM

Receiving Water (Ambient)

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.43 | NTU | | Weekly | Grab |
| 00070 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.92 | NTU | | Weekly | Grab |
| 00070 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.94 | NTU | | Weekly | Grab |
| 00070 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.7 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11.08 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11.14 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

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| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

S = Sample upstream at the surface. See Permit Part I.D

T = Sample upstream at half the depth of the pens. See Permit Part I.D

U = Sample upstream within 3 ft of the lake bottom. See Permit Part I.D.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 2**LOCATION:** 3560 COLUMBIA RIVER RD (RM 581.8)
NESPELEM, WA 99155

| | |
|--------------------------|-------------------------|
| WA0026328 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2023 | 06/30/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.74 | NTU | | Weekly | Grab |
| 00070 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.64 | NTU | | Weekly | Grab |
| 00070 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.87 | NTU | | Weekly | Grab |
| 00070 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.72 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.52 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.99 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Neither the up stream or down stream D.O went below 8mg/l

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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06/01/2023

MM/DD/YYYY

06/30/2023

DMR Mailing ZIP CODE:

99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|----------------|----------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -3.33 | % effect | | Weekly | Grab |
| 82235 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -39.17 | % effect | | Weekly | Grab |
| 82235 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -62.82 | % effect | | Weekly | Grab |
| 82235 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Neither the up stream or down stream D.O went below 8mg/l

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

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| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2023 | 06/30/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE - UPSTREAM

Receiving Water (Ambient)

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.8 | NTU | | Weekly | Grab |
| 00070 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 4.34 | NTU | | Weekly | Grab |
| 00070 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 5.03 | NTU | | Weekly | Grab |
| 00070 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.59 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.98 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.93 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

S = Sample upstream at the surface. See Permit Part I.D

T = Sample upstream at half the depth of the pens. See Permit Part I.D

U = Sample upstream within 3 ft of the lake bottom. See Permit Part I.D.

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| 07/01/2023 | 07/31/2023 |

DMR Mailing ZIP CODE: 99155

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(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.56 | NTU | | Weekly | Grab |
| 00070 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | .81 | NTU | | Weekly | Grab |
| 00070 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.04 | NTU | | Weekly | Grab |
| 00070 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.08 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.25 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.23 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI A | ***** | ***** | | | | |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 08/02/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

for D.O both inflow and out flow did not go below 8ppm.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665
NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 2

LOCATION: 3560 COLUMBIA RIVER RD (RM 581.8)
NESPELEM, WA 99155

| | |
|-------------------|------------------|
| WA0026328 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2023 | 07/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|----------------|----------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI A | ***** | ***** | | | | |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI A | ***** | ***** | | | | |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -6.02 | % effect | | Weekly | Grab |
| 82235 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -56.45 | % effect | | Weekly | Grab |
| 82235 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -46.67 | % effect | | Weekly | Grab |
| 82235 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |

| | | | | | |
|--|---|--|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | 08/02/2023 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

for D.O both inflow and out flow did not go below 8ppm.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665
NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 2

LOCATION: 3560 COLUMBIA RIVER RD (RM 581.8)
NESPELEM, WA 99155

| | |
|-------------------|------------------|
| WA0026328 | REC-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2023 | 07/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE - UPSTREAM

Receiving Water (Ambient)

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.66 | NTU | | Weekly | Grab |
| 00070 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.86 | NTU | | Weekly | Grab |
| 00070 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.95 | NTU | | Weekly | Grab |
| 00070 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.28 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.38 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.4 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | |
|--|---|--|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | 08/02/2023 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

S = Sample upstream at the surface. See Permit Part I.D

T = Sample upstream at half the depth of the pens. See Permit Part I.D

U = Sample upstream within 3 ft of the lake bottom. See Permit Part I.D.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 1**LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026336 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2023 | 05/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.2 | NTU | | Weekly | Grab |
| 00070 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 4.04 | NTU | | Weekly | Grab |
| 00070 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.83 | NTU | | Weekly | Grab |
| 00070 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.62 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.83 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.93 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | .19 | ***** | ***** | mg/L | | | |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 06/01/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

All receiving DOs were above 8mg/l as well as the decrease in available Dissolved Oxygen being >.2mg/l.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665
NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1

LOCATION: 3378 COLUMBIA RIVER RD (RM 579.5)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|-------------------|------------------|
| WA0026336 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2023 | 05/31/2023 |

DMR Mailing ZIP CODE:

99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|----------------|----------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | .11 | ***** | ***** | mg/L | | | |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | .17 | ***** | ***** | mg/L | | | |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -23.26 | % effect | | Weekly | Grab |
| 82235 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 0 | % effect | | Weekly | Grab |
| 82235 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -11.75 | % effect | | Weekly | Grab |
| 82235 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |

| | | | | | | | |
|--|---|--|--|---------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 06/01/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

All receiving DOs were above 8mg/l as well as the decrease in available Dissolved Oxygen being >.2mg/l.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 1**LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026336 | REC-1 |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2023 | 05/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

UPSTREAM RUFUS WOODS LAKE

Receiving Water (Ambient)

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 4.17 | NTU | | Weekly | Grab |
| 00070 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 4.04 | NTU | | Weekly | Grab |
| 00070 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 4.34 | NTU | | Weekly | Grab |
| 00070 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.81 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.94 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11.1 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 06/01/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

S = Sample upstream at the surface. See Permit Part II.A.

T = Sample upstream at half the depth of the pens. See Permit Part II.A.

U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 1**LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026336 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2023 | 06/30/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.91 | NTU | | Weekly | Grab |
| 00070 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.61 | NTU | | Weekly | Grab |
| 00070 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.46 | NTU | | Weekly | Grab |
| 00070 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.43 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.91 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.93 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 07/10/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

neither the receiving water or the out flow went below 8mg/L

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665
NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1

LOCATION: 3378 COLUMBIA RIVER RD (RM 579.5)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|-------------------|------------------|
| WA0026336 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2023 | 06/30/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|----------------|----------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -41.59 | % effect | | Weekly | Grab |
| 82235 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -44.67 | % effect | | Weekly | Grab |
| 82235 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -49.31 | % effect | | Weekly | Grab |
| 82235 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |

| | | | | | |
|--|---|--|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | 07/10/2023 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

neither the receiving water or the out flow went below 8mg/L

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 1**LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026336 | REC-1 |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2023 | 06/30/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

UPSTREAM RUFUS WOODS LAKE

Receiving Water (Ambient)

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.27 | NTU | | Weekly | Grab |
| 00070 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.91 | NTU | | Weekly | Grab |
| 00070 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.88 | NTU | | Weekly | Grab |
| 00070 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.17 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.91 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.96 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 07/10/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

S = Sample upstream at the surface. See Permit Part II.A.

T = Sample upstream at half the depth of the pens. See Permit Part II.A.

U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 1**LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026336 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2023 | 07/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.12 | NTU | | Weekly | Grab |
| 00070 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.05 | NTU | | Weekly | Grab |
| 00070 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.15 | NTU | | Weekly | Grab |
| 00070 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.15 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.28 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.4 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI A | ***** | ***** | | | | |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 08/02/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

for the turbidity per the permit our inflow is not over 50ntu, and our outflow did not increase over 5ntu. for the D.O both receiving and out flow was not under 8ppm.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665
NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 1

LOCATION: 3378 COLUMBIA RIVER RD (RM 579.5)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|-------------------|------------------|
| WA0026336 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2023 | 07/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|----------------|----------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI A | ***** | ***** | | | | |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI A | ***** | ***** | | | | |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -23.29 | % effect | | Weekly | Grab |
| 82235 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 29.75 | % effect | | Weekly | Grab |
| 82235 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 16.16 | % effect | | Weekly | Grab |
| 82235 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |

| | | | | | |
|--|---|--|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | 08/02/2023 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |
| | | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

for the turbidity per the permit our inflow is not over 50ntu, and our outflow did not increase over 5ntu. for the D.O both receiving and out flow was not under 8ppm.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 1**LOCATION:** 3378 COLUMBIA RIVER RD (RM 579.5)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026336 | REC-1 |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2023 | 07/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

UPSTREAM RUFUS WOODS LAKE

Receiving Water (Ambient)

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.46 | NTU | | Weekly | Grab |
| 00070 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.58 | NTU | | Weekly | Grab |
| 00070 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | .99 | NTU | | Weekly | Grab |
| 00070 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.26 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.37 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.37 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 08/02/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

S = Sample upstream at the surface. See Permit Part II.A.

T = Sample upstream at half the depth of the pens. See Permit Part II.A.

U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 3**LOCATION:** COLUMBIA RIVER RD (RM 576.4)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026719 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2023 | 05/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.93 | NTU | | Weekly | Grab |
| 00070 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.01 | NTU | | Weekly | Grab |
| 00070 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.29 | NTU | | Weekly | Grab |
| 00070 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.68 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.95 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.95 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | -.05 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 06/01/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Receiving water had more than 8mg/l and the decrease between effluent and receiving water was >.2mg/l

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665
NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3

LOCATION: COLUMBIA RIVER RD (RM 576.4)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|-------------------|------------------|
| WA0026719 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2023 | 05/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|----------------|----------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | -.03 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | -.05 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -13.06 | % effect | | Weekly | Grab |
| 82235 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | .67 | % effect | | Weekly | Grab |
| 82235 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 5.45 | % effect | | Weekly | Grab |
| 82235 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |

| | | | | | |
|--|---|--|--|---------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | DATE |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | 06/01/2023 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Receiving water had more than 8mg/l and the decrease between effluent and receiving water was >.2mg/l

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 3**LOCATION:** COLUMBIA RIVER RD (RM 576.4)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026719 | REC-1 |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2023 | 05/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

UPSTREAM RUFUS WOOD LAKE

Receiving Water (Ambient)

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.37 | NTU | | Weekly | Grab |
| 00070 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.99 | NTU | | Weekly | Grab |
| 00070 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 3.12 | NTU | | Weekly | Grab |
| 00070 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.73 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10.98 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 11 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 06/01/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

S = Sample upstream at the surface. See Permit Part II.A.

T = Sample upstream at half the depth of the pens. See Permit Part II.A.

U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 3**LOCATION:** COLUMBIA RIVER RD (RM 576.4)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026719 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2023 | 06/30/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.59 | NTU | | Weekly | Grab |
| 00070 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.71 | NTU | | Weekly | Grab |
| 00070 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.95 | NTU | | Weekly | Grab |
| 00070 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.56 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.73 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.77 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 07/10/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Neither receiving or down stream was below 8mg/l

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665
NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3

LOCATION: COLUMBIA RIVER RD (RM 576.4)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|-------------------|------------------|
| WA0026719 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2023 | 06/30/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|----------------|----------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI 9 | ***** | ***** | | | | |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -34.57 | % effect | | Weekly | Grab |
| 82235 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -28.45 | % effect | | Weekly | Grab |
| 82235 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -13.72 | % effect | | Weekly | Grab |
| 82235 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |

| | | | | | |
|--|---|--|--|---------------|------------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | 07/10/2023 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Neither receiving or down stream was below 8mg/l

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 3**LOCATION:** COLUMBIA RIVER RD (RM 576.4)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026719 | REC-1 |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 06/01/2023 | 06/30/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

UPSTREAM RUFUS WOOD LAKE

Receiving Water (Ambient)

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.43 | NTU | | Weekly | Grab |
| 00070 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.39 | NTU | | Weekly | Grab |
| 00070 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 2.26 | NTU | | Weekly | Grab |
| 00070 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.43 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 10 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9.94 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | |
|---|---|---|--|------------------|---------------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | 07/10/2023 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

S = Sample upstream at the surface. See Permit Part II.A.

T = Sample upstream at half the depth of the pens. See Permit Part II.A.

U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC**ADDRESS:** BOX 665
NESPELEM, WA 99155**FACILITY:** PACIFIC AQUACULTURE INC - SITE 3**LOCATION:** COLUMBIA RIVER RD (RM 576.4)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|--------------------------|-------------------------|
| WA0026719 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2023 | 07/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|---------------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 1.21 | NTU | | Weekly | Grab |
| 00070 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | .82 | NTU | | Weekly | Grab |
| 00070 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | .8 | NTU | | Weekly | Grab |
| 00070 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 5 INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.07 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.22 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.29 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 8 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI A | ***** | ***** | | | | |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | | | |
|---|---|---|--|------------------|---------------|-------------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | Daniel Garrett | | TELEPHONE | | DATE | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | | 08/02/2023 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

for turbidity our inflow was not over 50ntu, and out outflow did not change by 5ntu for D.O. for both inflow and out flow we did not go below 8ppm

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665
NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3

LOCATION: COLUMBIA RIVER RD (RM 576.4)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|-------------------|------------------|
| WA0026719 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2023 | 07/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

RUFUS WOODS LAKE

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|----------------|----------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI A | ***** | ***** | | | | |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | NODI A | ***** | ***** | | | | |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | .2 INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 32.97 | % effect | | Weekly | Grab |
| 82235 P 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 5.13 | % effect | | Weekly | Grab |
| 82235 Q 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |
| Turbidity, % increas over intake | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | -14.89 | % effect | | Weekly | Grab |
| 82235 R 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 10 INST MAX | % effect | | Weekly | Grab |

| | | | | | |
|--|---|--|--|---------------|------------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | 08/02/2023 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

for turbidity our inflow was not over 50ntu, and out outflow did not change by 5ntu for D.O. for both inflow and out flow we did not go below 8ppm

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: PACIFIC AQUACULTURE INC

ADDRESS: BOX 665
NESPELEM, WA 99155

FACILITY: PACIFIC AQUACULTURE INC - SITE 3

LOCATION: COLUMBIA RIVER RD (RM 576.4)
NESPELEM, WA 99155

ATTN: JOHN BIELKA, AQUACULTURE MGR

| | |
|-------------------|------------------|
| WA0026719 | REC-1 |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2023 | 07/31/2023 |

DMR Mailing ZIP CODE: 99155

MINOR

(SUBR 07)

UPSTREAM RUFUS WOOD LAKE

Receiving Water (Ambient)

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | .91 | NTU | | Weekly | Grab |
| 00070 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | .78 | NTU | | Weekly | Grab |
| 00070 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Turbidity | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | .94 | NTU | | Weekly | Grab |
| 00070 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. INST MAX | NTU | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.17 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 S 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.33 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 T 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |
| Oxygen, dissolved [DO] | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.39 | ***** | ***** | mg/L | | Weekly | Grab |
| 00300 U 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. INST MIN | ***** | ***** | mg/L | | Weekly | Grab |

| | | | | | |
|--|---|--|--|---------------|------------|
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| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | (509)634-4446 | 08/02/2023 |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

S = Sample upstream at the surface. See Permit Part II.A.

T = Sample upstream at half the depth of the pens. See Permit Part II.A.

U = Sample upstream within 3 ft of the lake bottom. See Permit Part II.A.